

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/13/2023
NAME OF PROVIDER OR SUPPLIER SUNSET RIDGE MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 816 E REINEL ST JEFFERSON, WI 53549		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 09/13/2023, Surveyor a verification visit at Sunset Ridge Memory Care. No deficiencies were identified; 4 previous deficiencies were substantially corrected from statement of deficiency 7O8Y11, dated 04/05/2023. Under statutory provisions of Wis. Stat. Ch. 50, a \$200.00 revisit fee is being assessed. Census: 19	{N 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE